

COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES  
PHYSICIANS/TRAUMA SERVICES FOR INDIGENTS PROGRAM

## Tax ID Number (TIN) Query

Physicians must either:

- provide their personal Social Security Number or TIN to receive a check in their name, OR
- provide the Medical Group's name along with the associated TIN to receive a check payable to the Medical Group

Please fill out the following form to verify tax information:

**Tax ID NUMBER – MUST MATCH IRS RECORDS** Please include W-9 Form

Physician Name \_\_\_\_\_

Physician Number

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OR

Medical Group Name \_\_\_\_\_

Medical Group Number

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Telephone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Submitted by \_\_\_\_\_

Please Print

E-Mail Address \_\_\_\_\_

Position/Title \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

If you have any further questions, please contact the AIA hotline at (800) 303-5242.

**FAX THIS FORM TO AIA @ (310) 390-7962**